



State of New Hampshire Pari-Mutuel Commission

Race Track Regulation

Paul M. Kelley, Director
Sudhir K. Naik, Deputy Director

"BUTE" TERMINATION STATEMENT

NAME OF HORSE: _____

TRAINER: _____

VETERINARIAN: _____
Must print or write legibly

DATE: _____

*The undersigned individuals, pursuant to the rules and regulations of the **New Hampshire Pari-Mutuel Commission**, hereby certify that:*

1. The treatment of the above named horse with "**Bute**" [phenylbutazone and all derivatives thereof] terminated on the date hereto subscribed.
2. "**BUTE**" treatment of the horse will not be resumed for 30 days from the date indicated above and when it and if it is, a new current use statement will be filed with the **NHPMC**, prior to the horse starting.

By signing below, the trainer states that he/she is aware of and responsible for all of the above.

Signature of trainer

Date: _____

Signature of veterinarian

Date filed with **NHPMC** _____